

help people with sadness, not to deal with depression and serious mental illness.

How long can we continue to fool ourselves?

As for this whole idea that says "leave it up to them if they want to choose; don't provide them the help; make it the most difficult for those people who have the most difficulty," all of this, Mr. Speaker, is more commentary and evidence of the grand experiment of stopping all treatment under the misguided, self-centered, and projected belief that all people who are mentally ill are fully capable of deciding their own fate and direction, regardless of their deficits and disease, and that they have the right to self-decay and self-destruction, which overrides their right to be healthy. The most fundamental, dangerous, and destructive hidden undercurrent of prejudice is the low expectation that your disability is as good as it gets.

□ 2030

The shift to consider changes in how we treat severe mental illness is the pendulum that needs to swing the other way. The grand experiment has failed in closing down all the institutions and care and stopping all treatment and not allowing community mental health.

It is a principle that operated under the misguided, self-centered belief that people are always fully capable of deciding their own fate, regardless of their deficits and disease, and the right to self-decay and self-destruction overrides this right to health.

In so doing, we have come to comfortably advocate our responsibility to action and live under this perverse redefinition that the most compassionate compassion is to do nothing at all.

It further bolstered the most evil of prejudices that the person with disabilities deserves no more than what they are. Under that approach, no dreams, no aspirations, no goals to be better can even exist.

Indeed, to help a person heal is a head-on collision with the bigoted belief that the severely mentally ill have no right to be better than what they are and we have no obligation to help them.

This is the corrupt evil of the hands-off approach in the antitreatment model, and that perversion of thought is embedded in the glorification that to live a life of deterioration and paranoia and filth and squalor and emotional torment trumps a healed brain and the true chance to choose a better life.

This is the movement of hatred and stigma toward the mentally ill disguised as the right to let them be sick. That hatred may be embedded in our own anger, our own resentment, and one's own past experiences projected as blame or misattribution of the lives of others or maybe our own fear and loathing of the mentally ill. Either way, the outcome is tragically the same.

So we can have more moments of silence or we can have times of action. I hope the Energy and Commerce Committee picks this up.

I hope that more Members of Congress will sign on as cosponsors of H.R. 2646, the Helping Families of Mental Health Crisis Act. The day that bill signs into law, it will begin to save lives. It will begin to make a difference in people's lives.

Of all the other things we do down the road here for images or to push polling—I can tell you this, that the polling on this bill is in 70s and 80s. As politicians, we think, wow, if something polls at 55 percent, vote for it.

My concern is: Will America wake up and look toward Congress here and say: When we had a chance to do something to save lives, did we act, or are we once again just caught up in moments of silence?

Thomas Jefferson said something along the lines of: "Indeed I tremble for my country when I reflect that God is just and His justice cannot sleep forever."

We are in that same position now. We can either have the courage to stand up, take action, and help the mentally ill or we can sit in silence. I hope this Chamber soon takes up H.R. 2646, the Helping Families in Mental Health Crisis Act.

Mr. Speaker, I yield back the balance of my time.

Ms. EDDIE BERNICE JOHNSON of Texas. Mr. Speaker, I rise in support of H.R. 2646, the Helping Families in Mental Health Crisis Act. Thank you to Congressman TIM MURPHY for hosting this important special order to discuss our country's current mental health system.

For more than two years now, I have worked with Congressman MURPHY on H.R. 2646, a bipartisan piece of legislation that has garnered support from patients, caregivers, psychiatrists, psychologists, law enforcement, and even editorial boards. As two of the few mental health providers serving in Congress, our bill reflects not only what we have learned in our own careers, but feedback from stakeholders, families, organizations, other members of Congress, and addresses many of the policies that we can change now to help patients struggling with severe mental illness and substance use disorders.

An amended version of H.R. 2646 passed the Energy and Commerce Subcommittee on Health in November of 2015. Since then, there has been no action. I have continued to talk with members of my community about mental health issues and they demand action.

It is now April of 2016 and we must move forward on the issue of mental health. The American people expect, deserve, and demand it. H.R. 2646 takes a strong step forward in mental health reform. As days pass with no action, people are denied beds, denied care, and are floating through the pervasive cycle of mental illness without attention. Everyone deserves care. I truly hope that my colleagues will work with me to pass this bill for the sake of those who truly matter.

#### REPORT ON RESOLUTION PROVIDING FOR CONSIDERATION OF H.R. 3340, FINANCIAL STABILITY OVERSIGHT COUNCIL REFORM ACT, AND PROVIDING FOR CONSIDERATION OF H.R. 3791, RAISING CONSOLIDATED ASSETS THRESHOLD UNDER SMALL BANK HOLDING COMPANY POLICY STATEMENT

Mr. STIVERS (during the Special Order of Mr. MURPHY of Pennsylvania), from the Committee on Rules, submitted a privileged report (Rept. No. 114-489) on the resolution (H. Res. 671) providing for consideration of the bill (H.R. 3340) to place the Financial Stability Oversight Council and the Office of Financial Research under the regular appropriations process, to provide for certain quarterly reporting and public notice and comment requirements for the Office of Financial Research, and for other purposes, and providing for consideration of the bill (H.R. 3791) to raise the consolidated assets threshold under the small bank holding company policy statement, and for other purposes, which was referred to the House Calendar and ordered to be printed.

#### REPORT ON RESOLUTION PROVIDING FOR CONSIDERATION OF H.R. 2666, NO RATE REGULATION OF BROADBAND INTERNET ACCESS ACT

Mr. STIVERS (during the Special Order of Mr. MURPHY of Pennsylvania), from the Committee on Rules, submitted a privileged report (Rept. No. 114-490) on the resolution (H. Res. 672) providing for consideration of the bill (H.R. 2666) to prohibit the Federal Communications Commission from regulating the rates charged for broadband Internet access service, which was referred to the House Calendar and ordered to be printed.

#### DEMENTIA AND ALZHEIMER'S

The SPEAKER pro tempore (Mr. BISHOP of Michigan). Under the Speaker's announced policy of January 6, 2015, the gentleman from California (Mr. GARAMENDI) is recognized for 60 minutes as the designee of the minority leader.

Mr. GARAMENDI. Mr. Speaker, my colleague just finished a very good recitation of the problems of mental health. I am going to pick up another piece of this issue which has to do with dementia and Alzheimer's, which I believe the gentleman spoke to very briefly during his presentation.

I thank him for his concern and for the work that he has been doing these many years on this profoundly important issue of brain health.

My role tonight will be kind of working off the previous presentation and taking it just a little bit in a slightly different direction, and it has to do with dementia and Alzheimer's, which is obviously a rather important issue.